

PRINT YOUR NAME (LAST, First, M.I.)	APPLICATION FOR 2002-2003 PERMIT TO PRACTICE				APPROVED _____ DENIED _____	
	Access this form via website at: www.state.hi.us/dcca/pvl				Initials/date _____	
	BOARD OF PUBLIC ACCOUNTANCY State of Hawaii				CPAI- _____	
	←Print name at left and below. ↓				PAI- _____	
Name (First-Middle)		(Last)		FOR OFFICE USE		
Mailing Address (Include apt. no. city, state & zip code)						
License No. CPA-	Eff. Date of License	Social Security No.	Phone No. (days)			

Name & Address of Employer:		INSTRUCTIONS: 1. Complete and submit this form in <u>DUPLICATE</u> . Use typewriter or print <u>legibly</u> . After review by the board, one copy will be sent back to the licensee. 2. ATTACH one set of supporting documents (<u>ORIGINAL</u> or <u>CERTIFIED COPIES</u>) to ONE of the application forms and enclose the required fee. <u>ALL CREDITS MUST HAVE BEEN EARNED WITHIN 24 MONTHS PRIOR TO APPLICATION.</u> Incomplete and/or irregular applications will not be accepted. <u>ALL SPONSORS MUST BE PREAPPROVED BY THE BOARD OR NASBA.</u> 3. Refer to "FEES" below. Make check payable to: COMMERCE & CONSUMER AFFAIRS. (A \$15.00 service fee will be charged for checks which are not honored and returned by the bank.) 4. Mail or deliver all items to: Board of Public Accountancy DCCA, PVL 1010 Richards St., P.O. Box 3469 Honolulu, HI 96801 5. Allow 30 days after board meeting for processing. 6. To practice, a license and a permit must be renewed. 7. Please refer to Chapters 466 HRS, and 71, HAR.	
PERMIT TO PRACTICE	Answer only if you held a 2000-01 Permit to Practice: Was the 2000-01 Permit to Practice your first Hawaii permit? Yes No If "yes", what was the effective date of the permit? _____		
	TURN OVER & COMPLETE PAGE 2, "CPE Computation Work Sheet for 2002-2003 Permit to Practice" UPON COMPLETION OF PAGE 2, return here and complete this page.		
	How many (deficiency) hours are shown on page 2, line 6? () hrs. Regular How many carryover hours are shown on page 2, line 7? () hrs.		
FEES	Check one: Accept this application for a "Permit to Practice" as a: () Sole Practitioner \$125 () Partner \$125 () Principal of public accounting firm \$125 () Staff member of one of the above \$ 55 (Application for Permit-\$25, Permit to Practice (Staff)-\$30 or Permit to Practice (Others)-\$100) ALL FEES ARE NON-REFUNDABLE		

AFFIDAVIT OF APPLICANT:

I solemnly swear that the statements, answers and representations made in this application and the supporting data attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Chapter 466, Hawaii Revised Statutes).

Date: _____ Signature: _____

